

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937230

FILING DATE

24 JAN 2002

APPLICANT(S)

May

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/		51								
2			/		/		52								
3			/		/		53								
4			/		/		54								
5			/		/		55								
6			/		/		56								
7			/		/		57								
8			/		/		58								
9			/		/		59								
10			/		/		60								
11			/		/		61								
12			/		/		62								
13			/		/		63								
14			/		/		64								
15			/		/		65								
16			/		/		66								
17			/		/		67								
18			/		/		68								
19			/		/		69								
20			/		/		70								
21			/		/		71								
22			/		/		72								
23			/		/		73								
24			/		/		74								
25			/		/		75								
26			/		/		76								
27			/		/		77								
28			/		/		78								
29			/		/		79								
30			/		/		80								
31			/		/		81								
32			/		/		82								
33			/		/		83								
34			/		/		84								
35			/		/		85								
36			/		/		86								
37			/		/		87								
38			/		/		88								
39			/		/		89								
40			/		/		90								
41			/		/		91								
42			/		/		92								
43			/		/		93								
44			/		/		94								
45			/		/		95								
46			/		/		96								
47			/		/		97								
48			/		/		98								
49			/		/		99								
50			/		/		100								
TOTAL IND.			3		1		TOTAL IND.								
TOTAL DEP.			19		27		TOTAL DEP.								
TOTAL CLAIMS			22		28		TOTAL CLAIMS								